



PATIENT

Archie Lambalot

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England Animal
 Emergency Center

REFERRING VET

Dr. Doyon

INVOICE

10292ag

DATE

04/04/2022

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting, diarrhea with frank blood. Elevated BUN 50, hyperglobulinemia (5.4); leukocytosis (18.77); neutrophilia (15.58). mpmocytosis (1.51). Glu 180. USG 1.050. Given cerenia, metronidazole, LRS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Multifocal bilateral cortical infarcts were noted. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured – cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. No overt pathology noted in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild nondependent yet nonorganized gallbladder debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction. Mild dilation of the cystic biliary duct and proximal bile duct with anechoic content and minor potential for obstructive common bile duct mucus was observed. The proximal bile duct measured 0.27 cm width.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with generalized propensity for mildly prominent muscularis layer and mild associated mural hypertrophy. No evidence of intestinal masses. The jejunum wall measured 0.32 cm to 0.37 cm in width. The ileocolic wall measured 0.4 cm in width.



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Normal visible colon wall layers were present with apparent formed to semi formed feces and gas in lumen. The colon wall measured 0.26 cm in width.

Pancreas

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The pancreas exhibited generalized enlargement and swollen contour. Areas of regional capsule asymmetry, hypoechoic parenchyma and regional peripancreatic reactive mesentery were noted.

Free Abdomen

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Intermittent to multiple mildly prominent to hypoechoic enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.45 cm width.

SEX

Neutered male

Subtle evidence of perilymphatic and peri ileocecolic reactive mesentery was observed. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Primary Findings

- Pancreatitis with regional peri pancreatic reactive mesentery.
- Probable concurrent inflammatory enteropathy and low-grade colitis.
- Associated nonspecific yet subjectively benign reactive jejunocolic lymphadenopathy.
- Bilateral chronic renal changes with cortical infarcts.
- Minor urinary bladder sediment.

WEIGHT

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Secondary Findings

- Mild gallbladder debris with minor nonobstructive proximal common bile duct dilation-age related common bile duct changes with potential for nonobstructive cholestasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Pamela Harrigan, RDMS

The clinical signs in this patient may primarily be owing to pancreatitis while the small intestine exhibited subtle changes suggestive of inflammatory enteropathy. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Minor potential for emerging pancreatic neoplastic criteria which may present in a sonographically similar manner as inflammation yet thought less likely.

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Empirically, hospitalization with pancreatitis +/- inflammatory enteropathy treatment protocol would be reasonable.

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Pending clinical response, recheck sonogram for reassessment of the pancreas and GI tract may be indicated.

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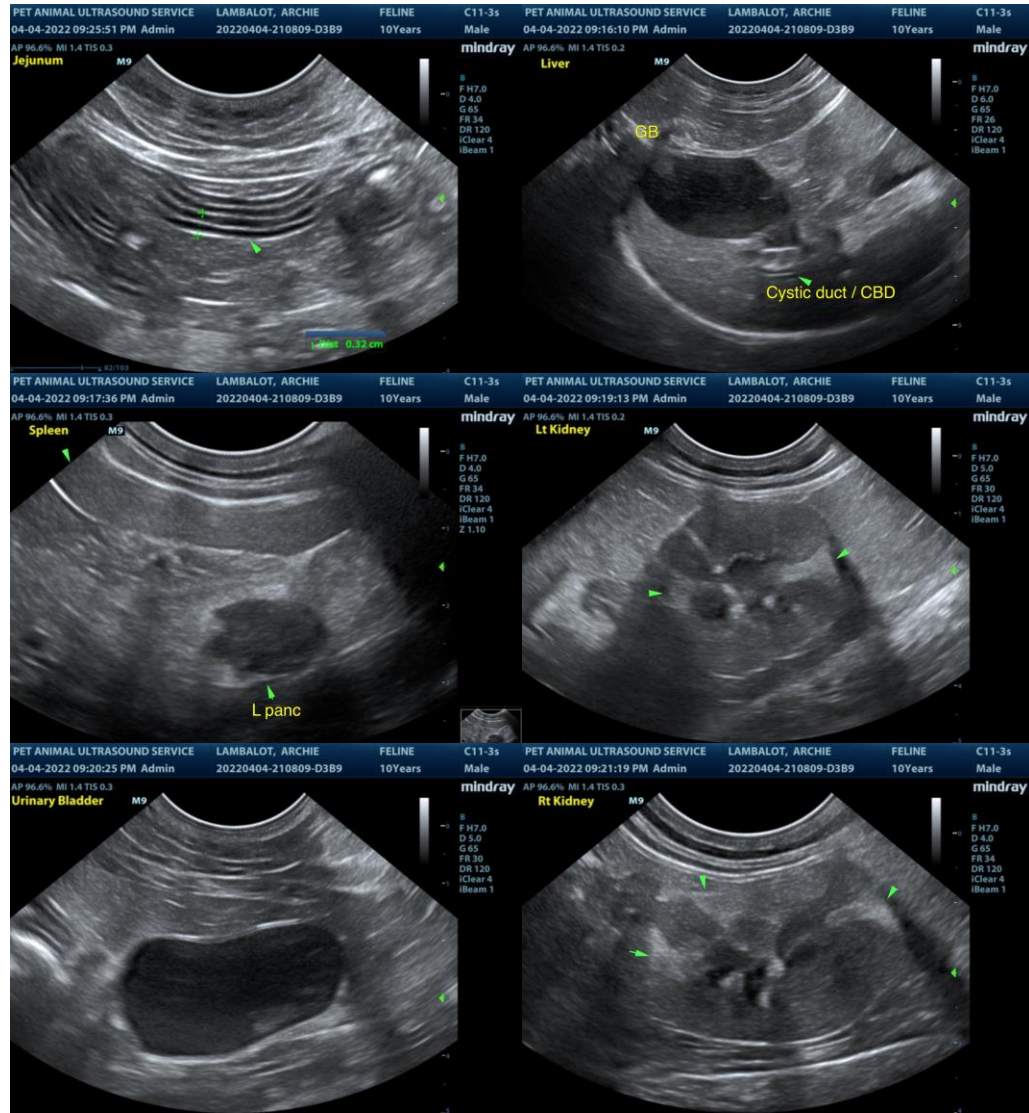
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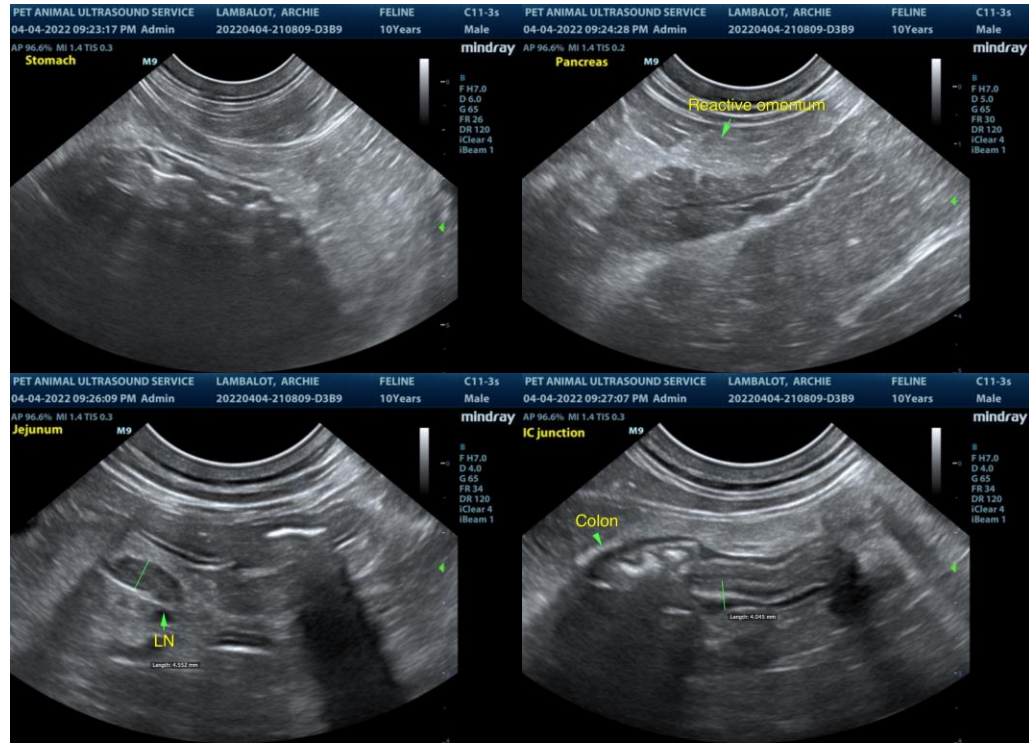
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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 info@SonoPath.com

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